

HAMPTON CITY SCHOOLS

One Franklin Street
Hampton, VA 23669-3570

(757) 727-2400

TO:

Date of Request _____

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

Please forward all available records requested that you have pertaining to the following student:

Name of Student	Grade	Date of Birth
<input type="checkbox"/> Medical Records (Immunization Records)	<input type="checkbox"/> Psychological Records/Reports	
<input type="checkbox"/> Academic Records (Grades and Credits)	<input type="checkbox"/> Social Work Information	
<input type="checkbox"/> Standardized Test Results	<input type="checkbox"/> Educational Records	
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Eligibility Reports	
<input type="checkbox"/> IEP	<input type="checkbox"/> Other:	

Name of Person Requesting Information

School/Department

Street

City, State, Zip

PARENTAL PERMISSION TO RELEASE RECORDS

In accordance with the Family Rights and Privacy Act of 1974, I hereby give my permission to the above school official to request release of my son's/daughter's records from your school. Such request for disclosure is for the purpose of enrollment and shall include the types of records listed above. This authorization is effective one (1) year from date of signature.

Date

Signature of Parent/Legal Guardian